

100

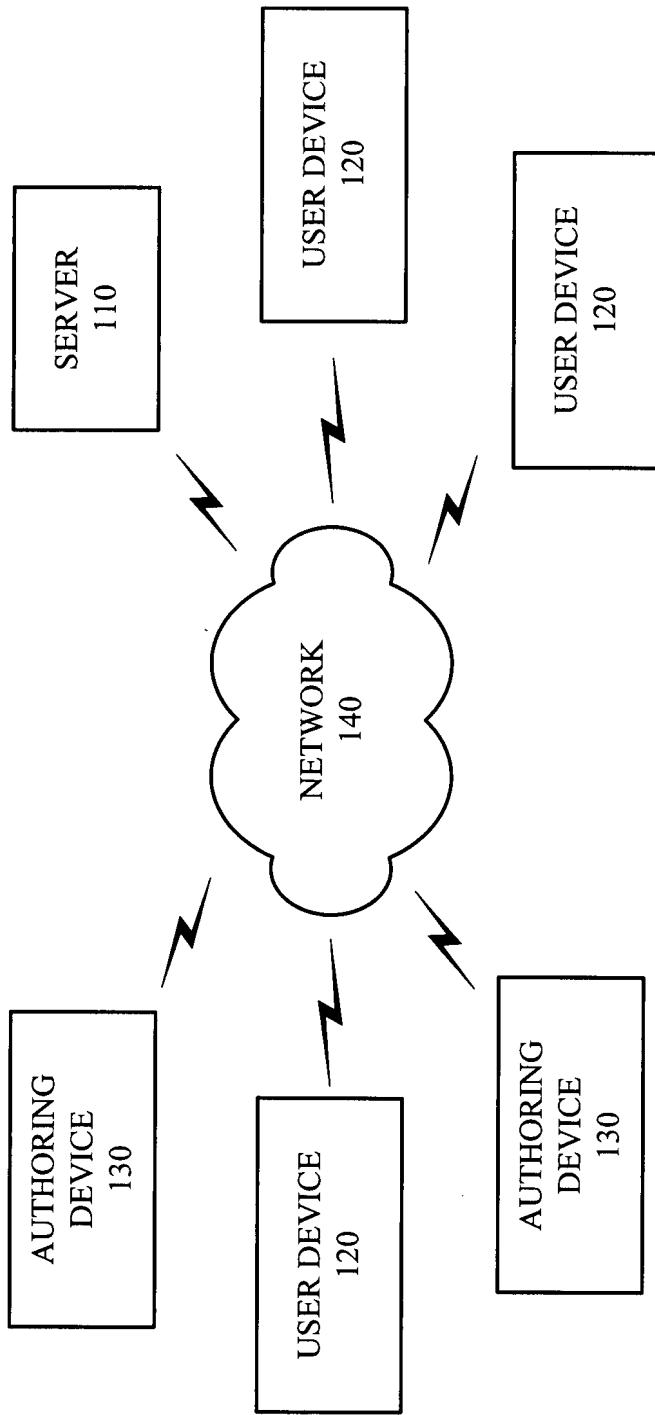
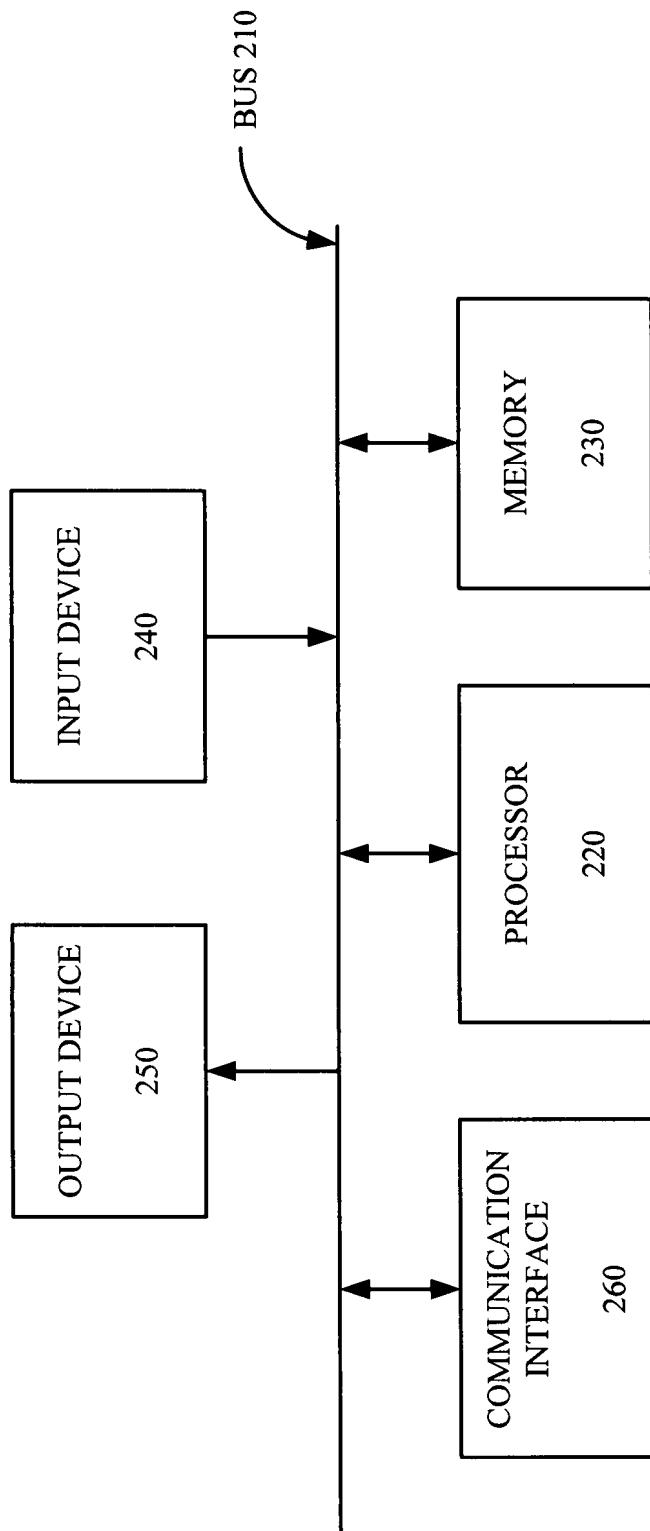
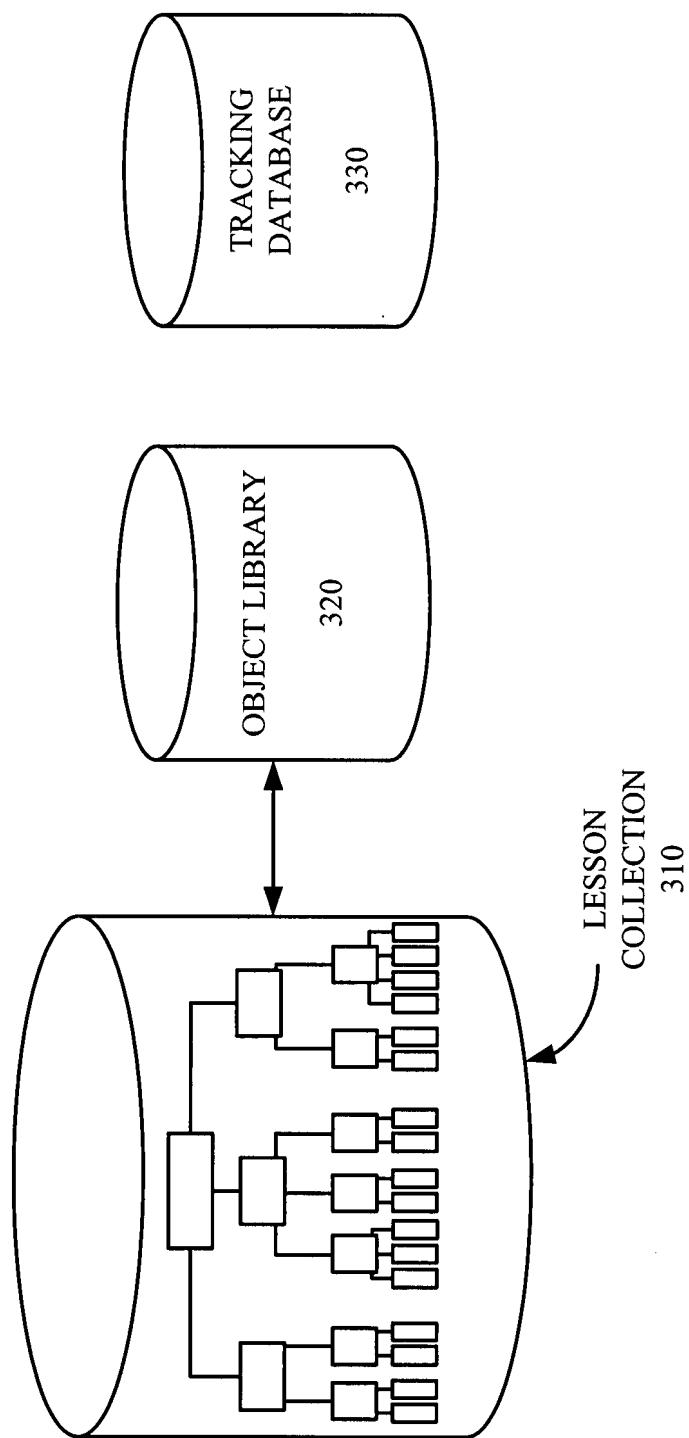


FIG. 1



**FIG. 2**

**FIG. 3**



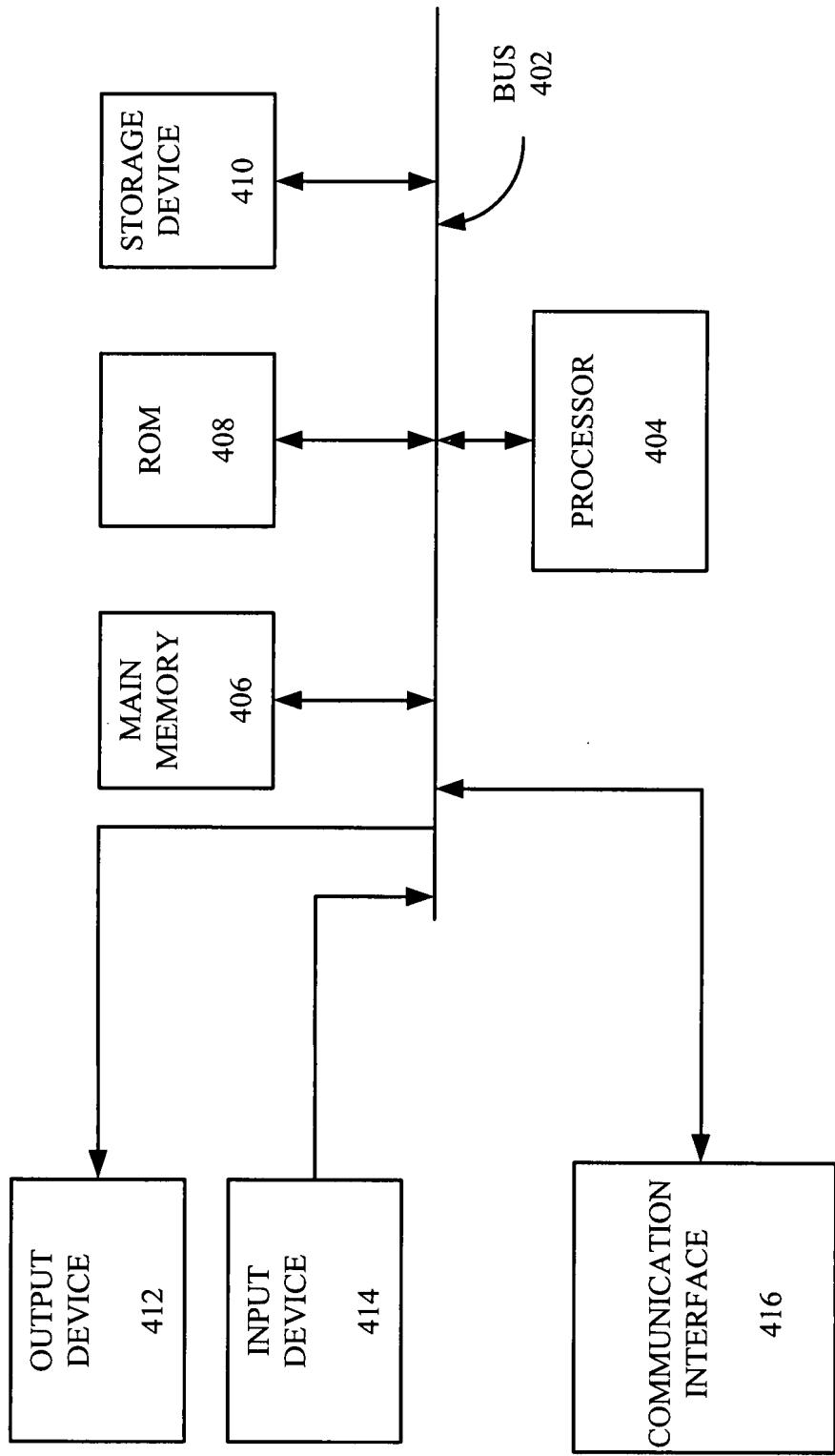


FIG. 4

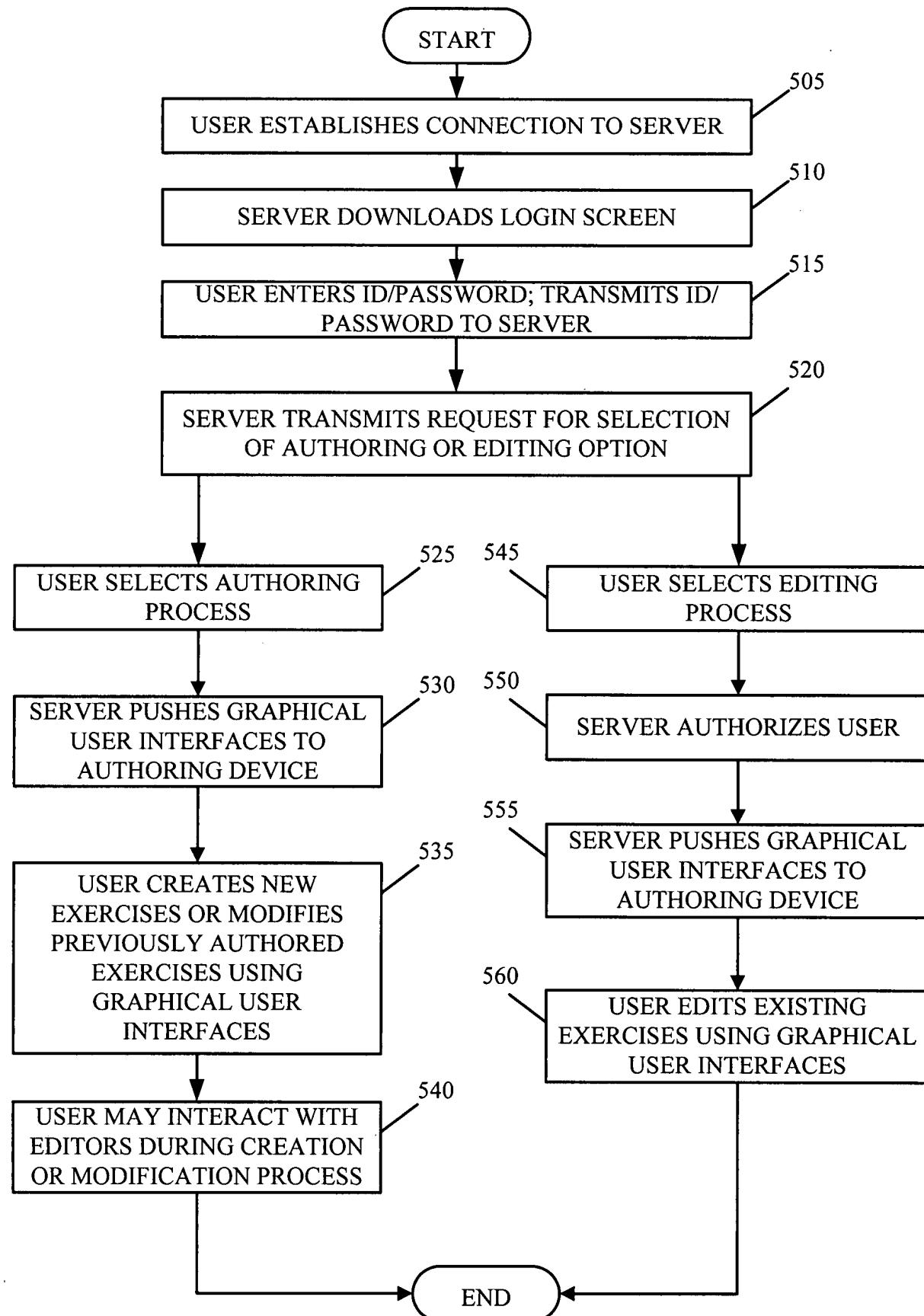


FIG. 5

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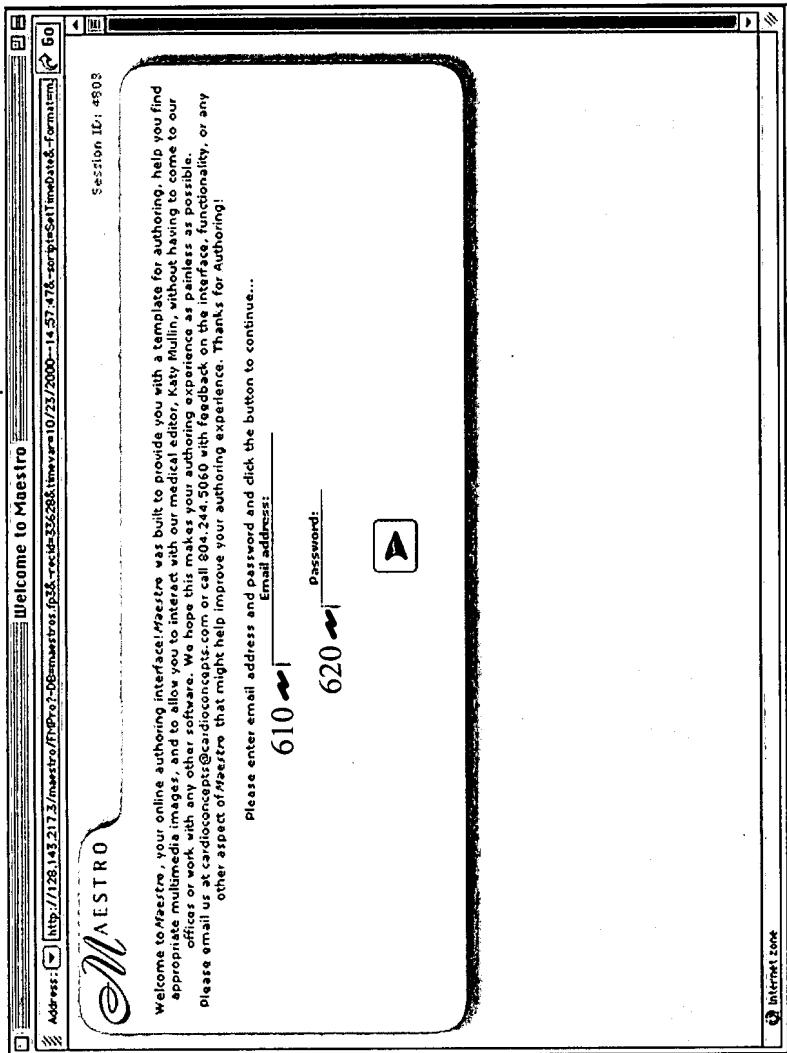
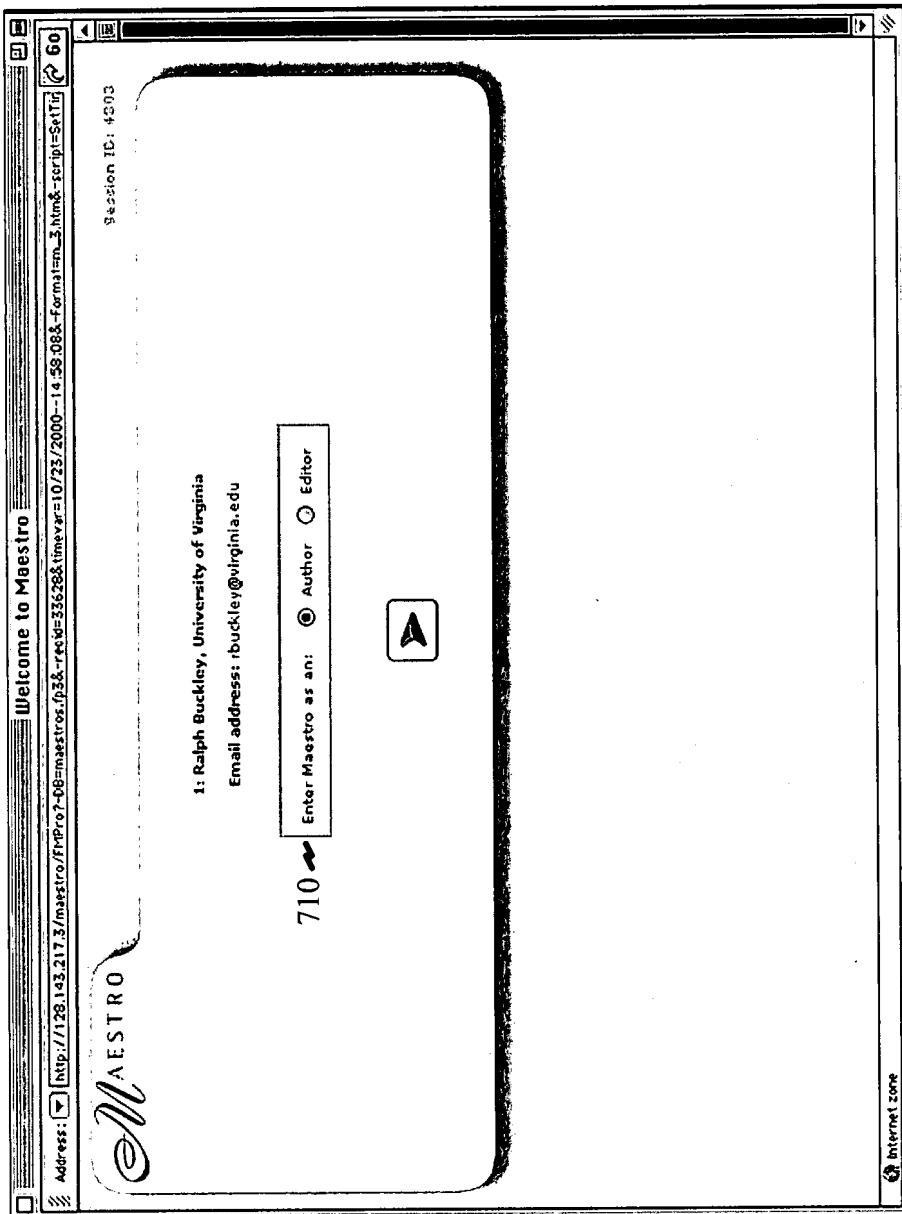


FIG. 6

**FIG. 7**



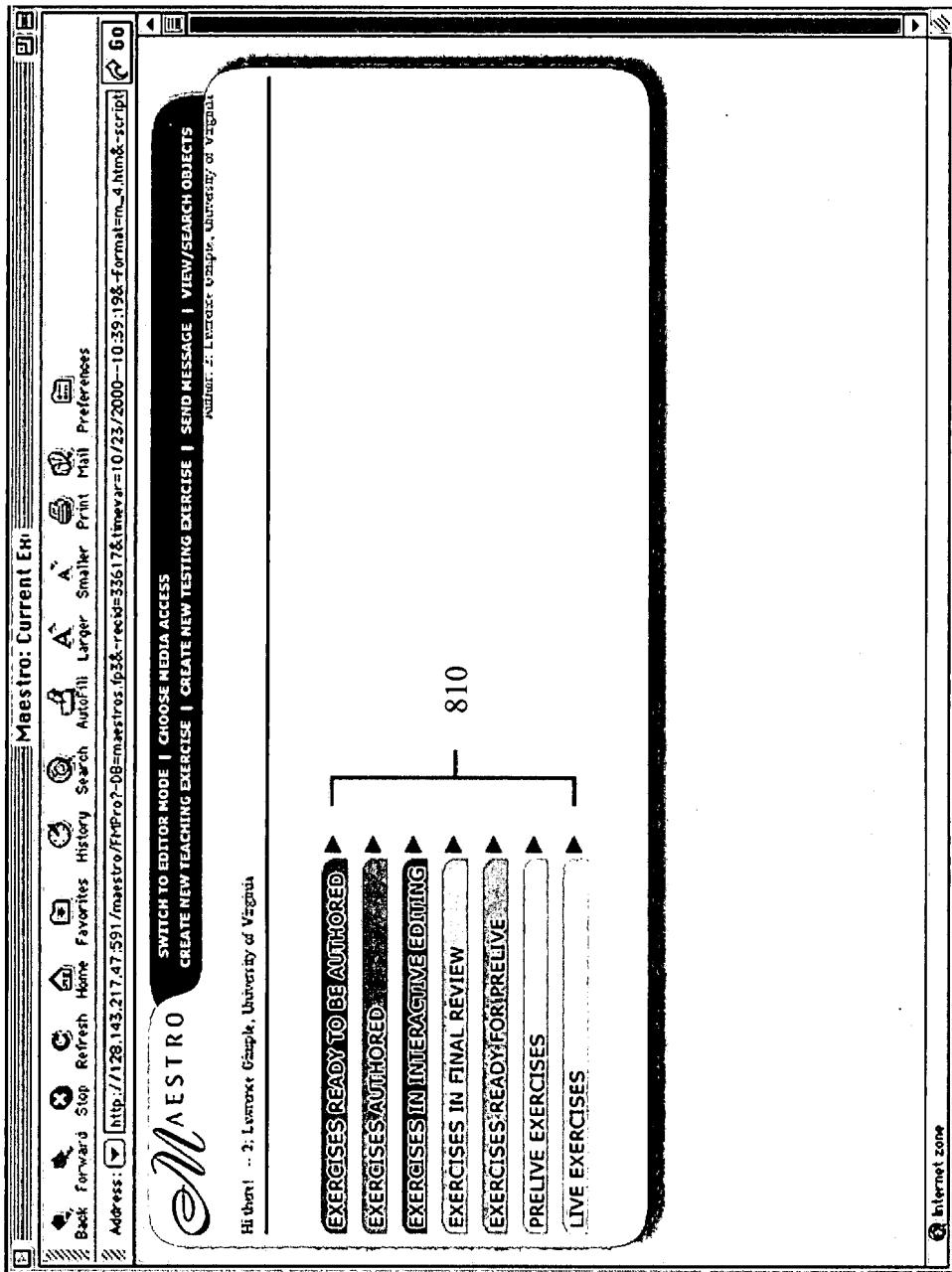
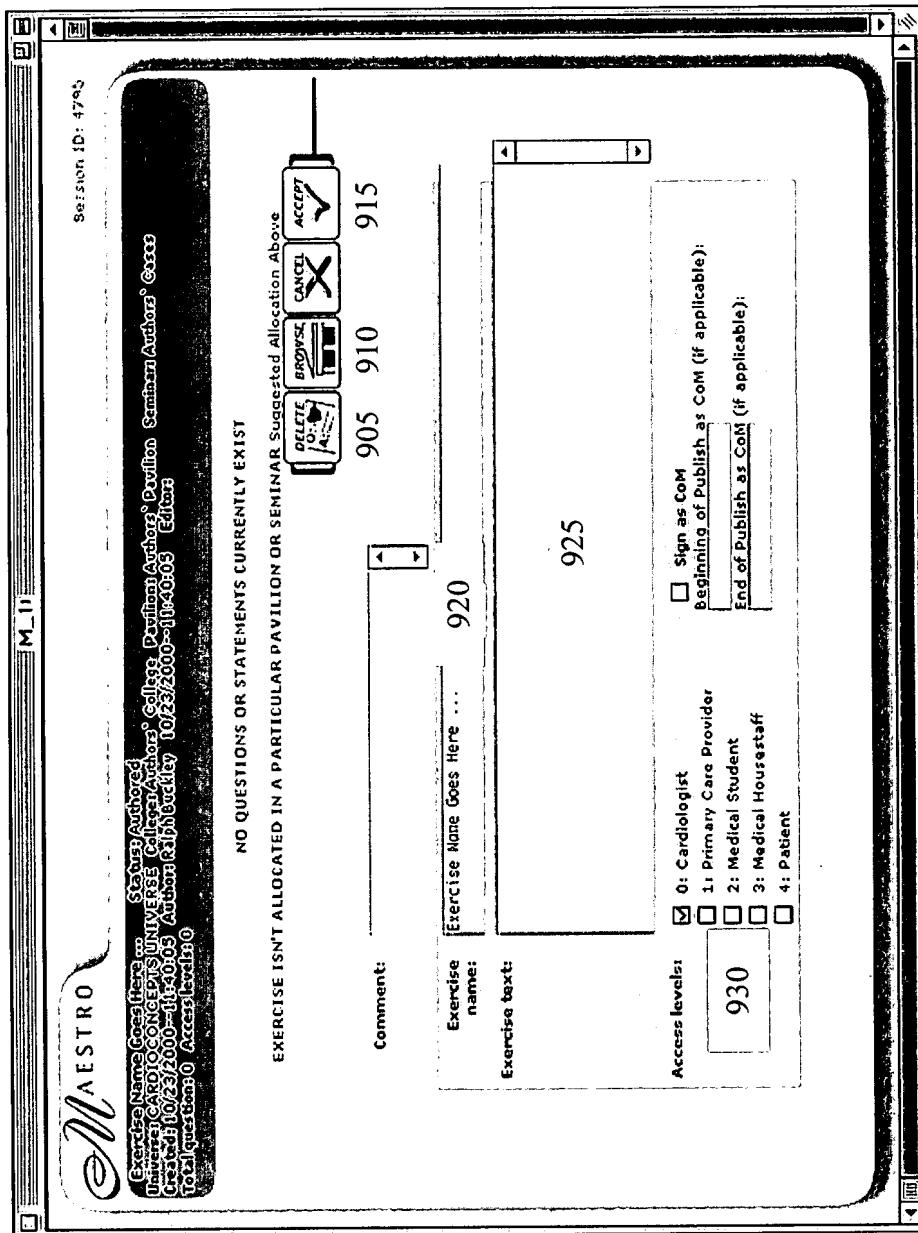


FIG. 8

**FIG. 9**



1000

M-61

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Created 10/20/2000--15x5109 Authors Eric Powers 10/20/2000--914751 Editor  
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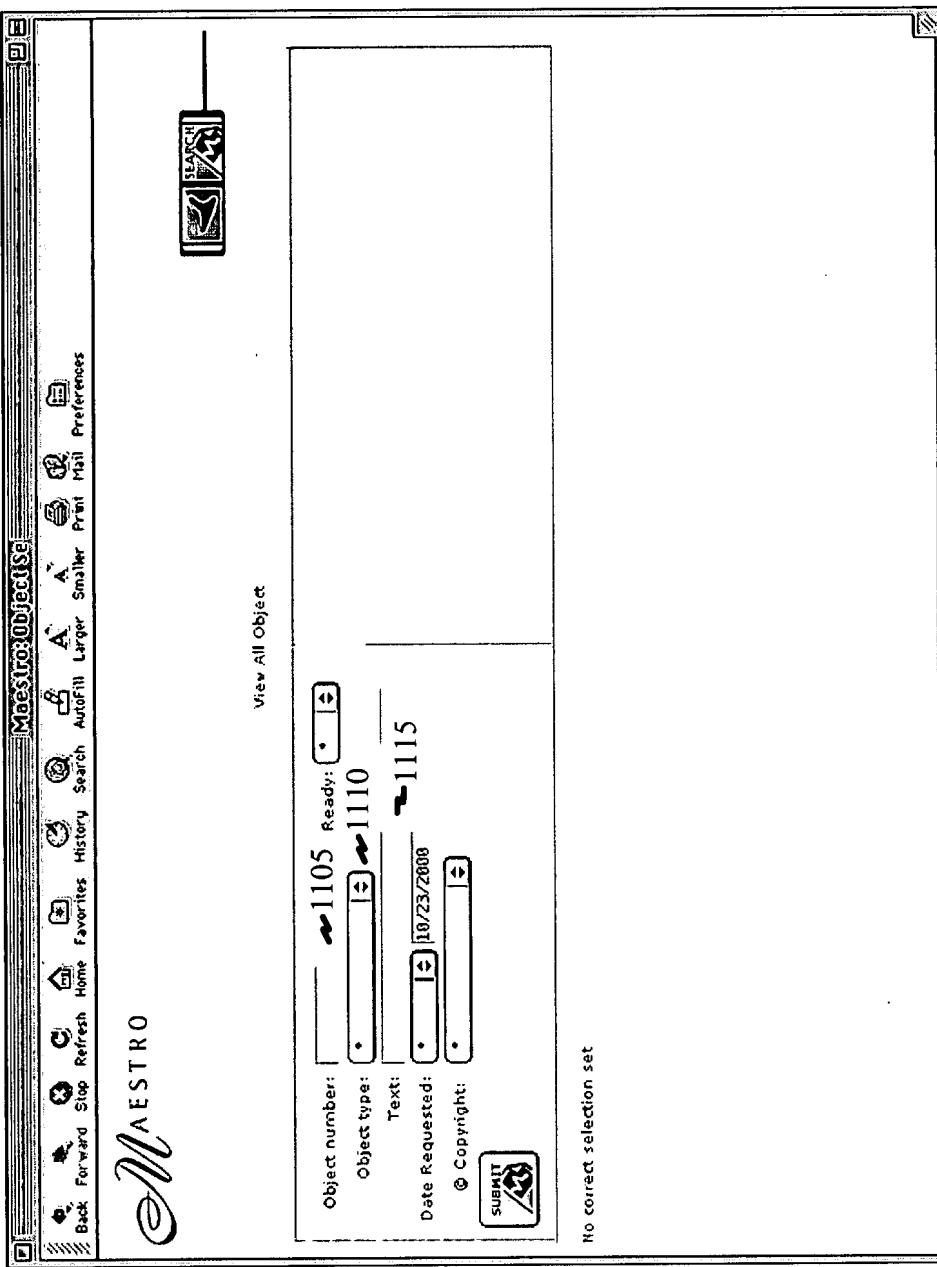
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1015  Object Description:   
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Placeholder Text Goes Here ...  
1060   
  
 Correct if signed Rank:  1065  
 Objectnum:   
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FIG. 10

**FIG. 11**



1100

1200

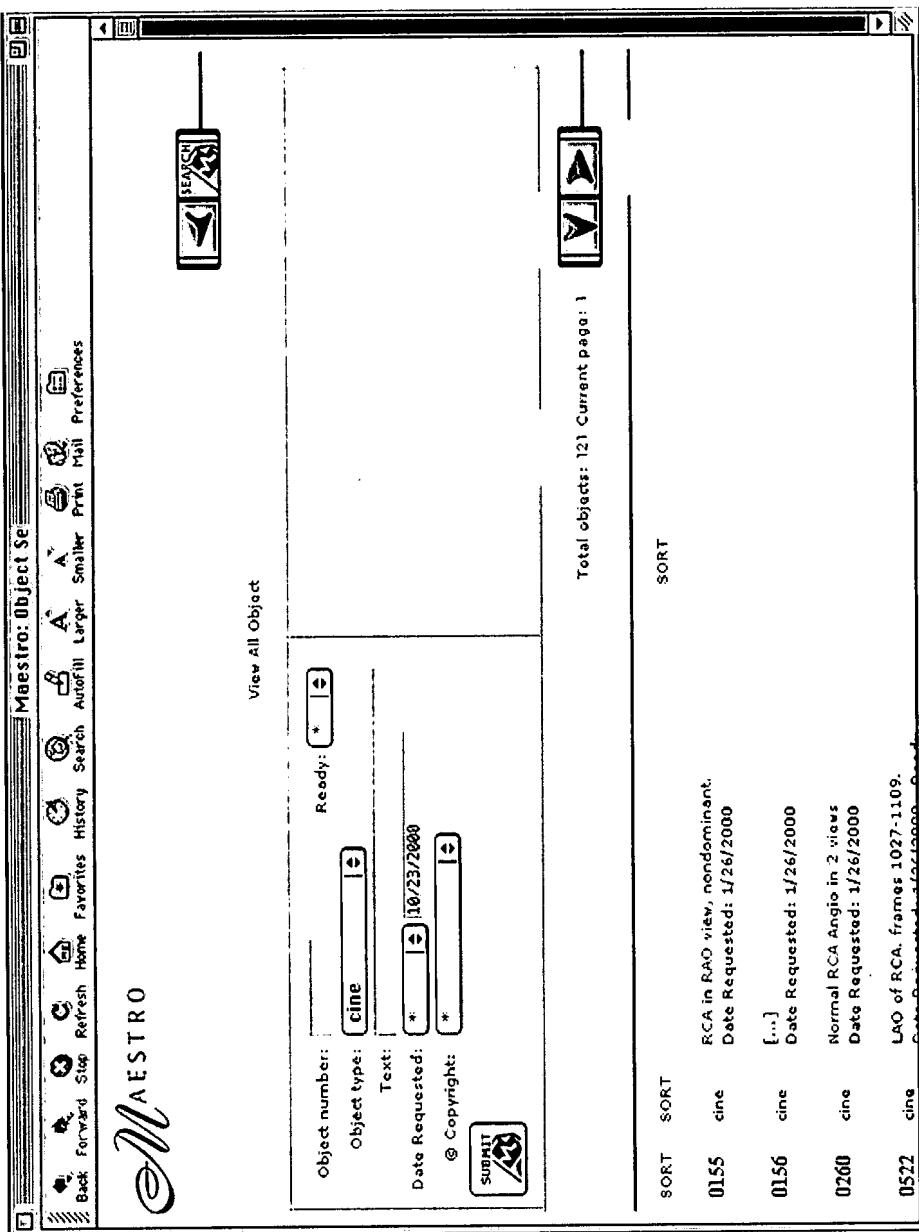


FIG. 12

1300

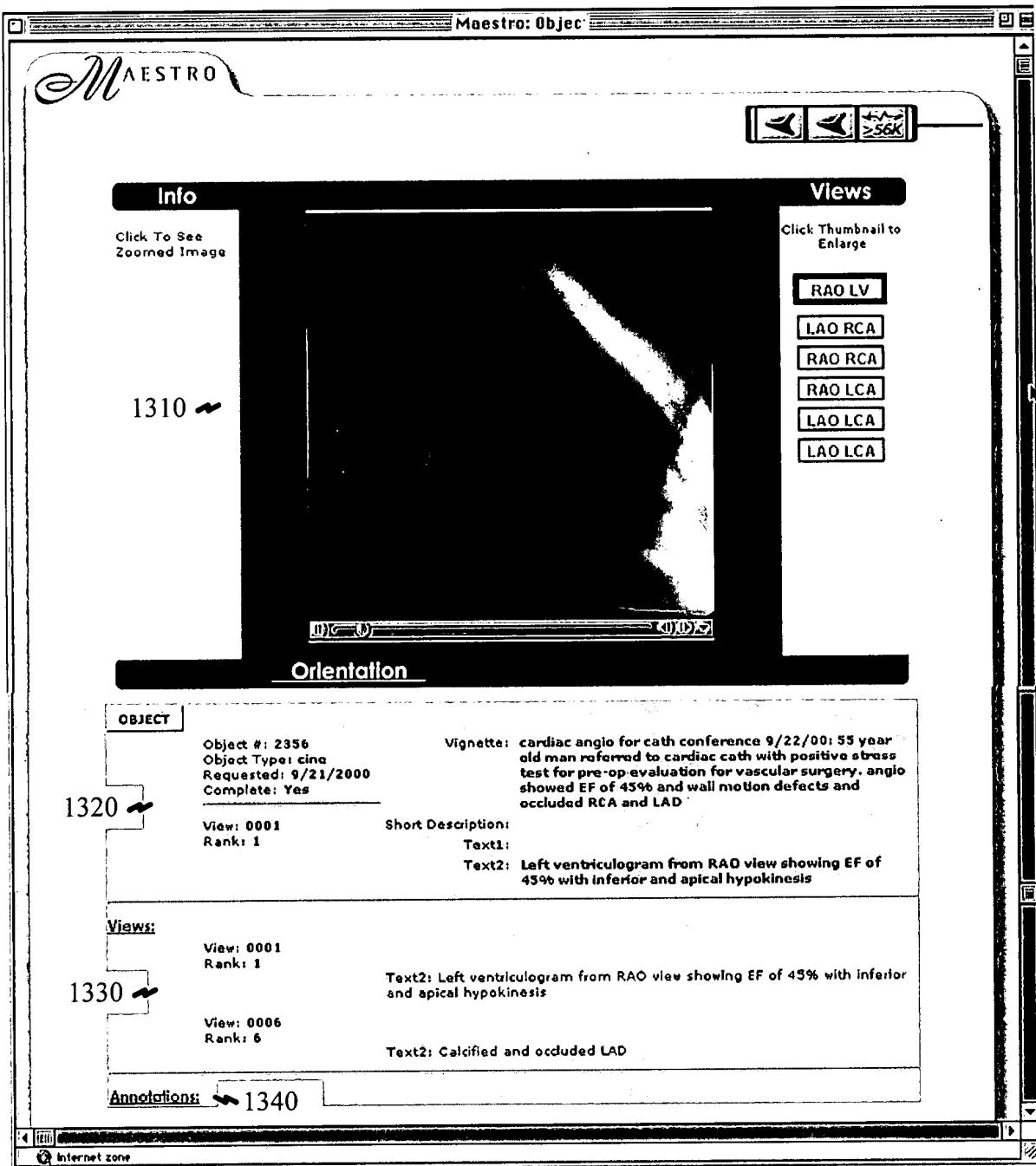


FIG. 13

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Click on the  to select disclaimer:

1	Generic Drug Tirofiban Brand Name ACCERSTAT Class Name Disease Name Type of Disclaimer	Tirofiban, in combination with heparin, is indicated for the treatment of acute coronary syndromes, including patients who are to be managed medically and those undergoing PTCA or atherectomy.
2	Generic Drug Simvastatin Brand Name ZOCOR Class Name Disease Name Type of Disclaimer	Therapy with lipid-altering agents should be considered in those individuals at increased risk for atherosclerosis-related clinical events as a function of cholesterol level, the presence of CHD, or other risk factors. Lipid-altering agents should be used in addition to a diet restricted in saturated fat and cholesterol when the response to diet and other nonpharmacological measures alone has been inadequate.
3	Generic Drug Metoprolol Brand Name Lopressor Class Name Beta Blockers Disease Name Myocardial Infarction Type of Disclaimer	Only metoprolol and atenolol are FDA approved for "early use" in MI. Propranolol and timolol are FDA approved after patient survives the acute phase of MI. The authors do not recommend the use of other beta adrenergic blockers for this indication.
4	Generic Drug Ulinopril Brand Name Ulinopril Class Name Captopril Disease Name Stable Patients with LV dysfunction after MI Type of Disclaimer	Ulinopril is FDA approved for stable patients within 24 hours of acute MI; captopril for stable patients with LV dysfunction after MI; ramipril for CHF in stable patients within the first days after MI. The authors do not recommend the use of other angiotensin



**FIG. 14**

1500

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Text of Question: 1505

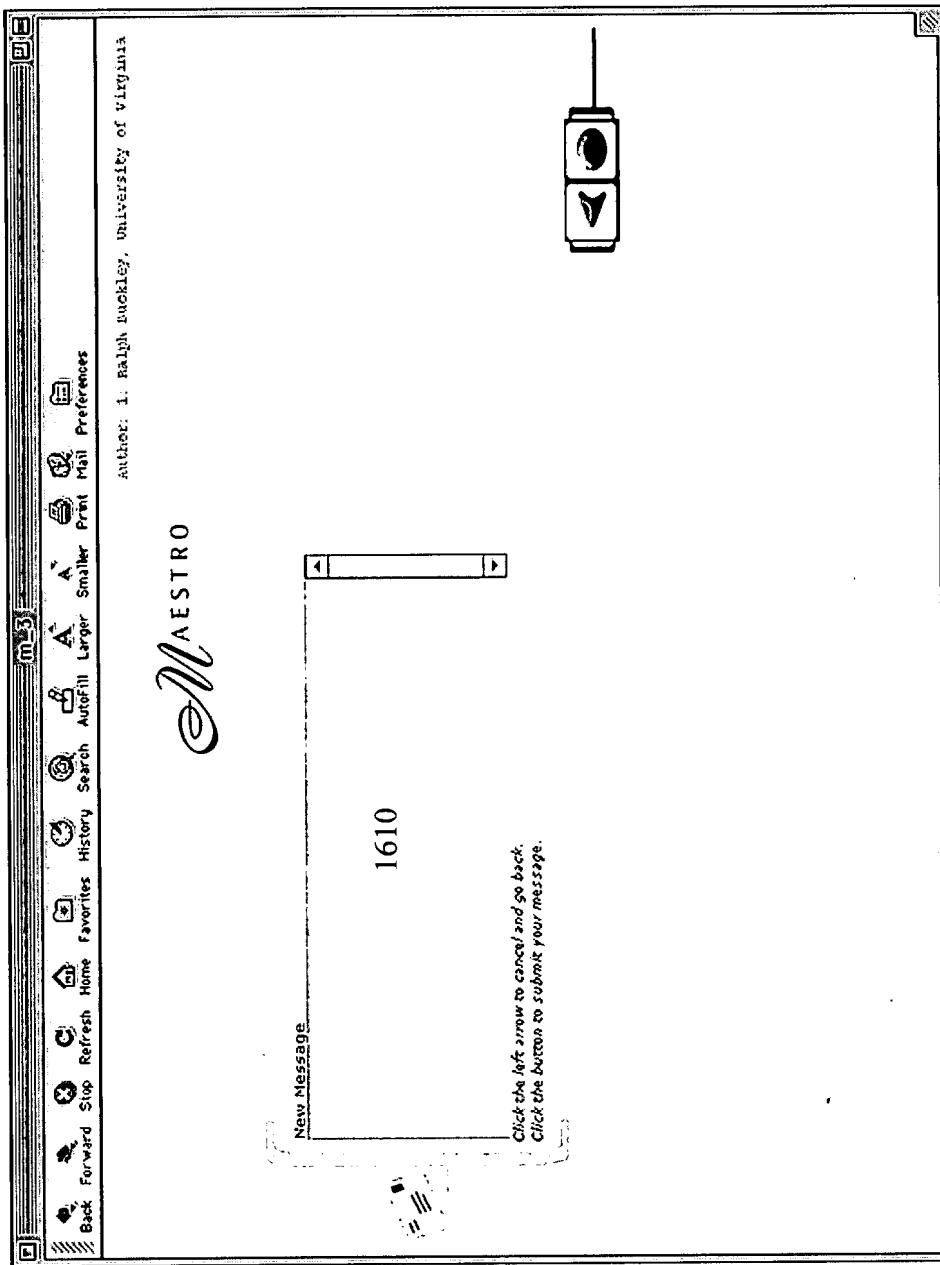
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FIG. 15

1600 



**FIG. 16**

1700

**Questions/Statements**

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University Cardiology UNIVERSE Collegeville, PA 19426  
Copyright 1997/2000--13:29:52 Author: R. P. Doherty  
Editor: R. P. Doherty 10/23/2000--13:06:43 Author: R. P. Doherty  
Access Level: 01 S2 Author: R. P. Doherty  
Total Questions: 15 Access Level: 01 S2 Author: R. P. Doherty

Select Question or Statement below, choose a command

**Statement Rank: 3 Final Medical Approval Object: 1824single**

Management of Cardioversion in Patients with AF

Author used record

This literature review will concentrate on the use of transesophageal echocardiography to expedite cardioversion of atrial fibrillation. The ACUTE Study results will also be available after the ACC meeting in March 2000. Look for an update to this lesson next month. The following will be discussed: 1. Current standard of care, with review of the Recommendations of the Fifth ACCP Consensus Conference on Antithrombotic Therapy 2. Cardioversion from Atrial Fibrillation without Prolonged Anticoagulation with the Use of Transesophageal Echocardiography to Exclude the Presence of Atrial Thrombi 3. Cardioversion Guided by Transesophageal Echocardiography: The ACUTE Pilot Study: A Randomized, Controlled Trial

Editor's changes

This literature review will concentrate on the use of transesophageal echocardiography to expedite cardioversion of atrial fibrillation. The ACUTE Study results were reported at the ACC Scientific Sessions in March, 2000, and are included in this discussion. The following will be discussed: 1. Current standard of care, with review of the Recommendations of the Fifth ACCP Consensus Conference on Antithrombotic Therapy 2. Cardioversion from Atrial Fibrillation without Prolonged Anticoagulation with the Use of Transesophageal Echocardiography to Exclude the Presence of Atrial Thrombi 3. Cardioversion Guided by Transesophageal Echocardiography: The ACUTE Pilot Study: A Randomized, Controlled Trial

**Statement Rank: 2 Ready for Medical Approval Object: 1939Literature**

ACCP Guidelines for Management

Atrial fibrillation affects over 2 million Americans with the incidence of AF increasing with age. The appropriate management of patients with AF is still being studied in multi-center trials. Elective cardioversion from AF to sinus rhythm is a common procedure which carries with it risk of thromboembolic events. Most of these thromboembolic events occur because of left atrial appendage thrombi. Recommendations of the Fifth ACCP Consensus Conference on Antithrombotic Therapy are listed above. Please review them to learn the standard of care for cardioversion of patients with AF.

Internet zone

**FIG. 17**

1800

M18

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**CLONE ACUTE Fibrillation of Patients With Atrial Fibrillation Status: Incomplete Editing University: Cardiovillage College: Cardiology Author: Raphaely, 10/23/2000-010343 Editor: Raphaely, 10/23/2000-0130643 Total Questions 13 Accepted 13 Total Record 13 Accepted 13**

Current Question Status: Final Medical Approval  
 Edited, Grammar  
 Ready for Medical Approval  
 Changes -- Content

Comment:

This literature review will concentrate on the use of transesophageal echocardiography to expedite elective cardioversion of atrial fibrillation. The ACUTE study results will also be available after the ACC meeting in March for an update to this lesson next month. The following will be discussed:  
 1. Review of the Recommendations of the Fifth ACCP Consensus Conference on Anticoagulation  
 2. Cardioversion from Atrial Fibrillation without Prolonged Thrombi 3. Cardioversion Guided by Transesophageal Echocardiography: The ACUTE pilot Study: A Randomized, Controlled Trial

1820 This literature review will concentrate on the use of transesophageal echocardiography to expedite elective cardioversion of atrial fibrillation. The ACUTE Study results were reported at the ACC Scientific Sessions in March, 2000, and are included in this discussion.

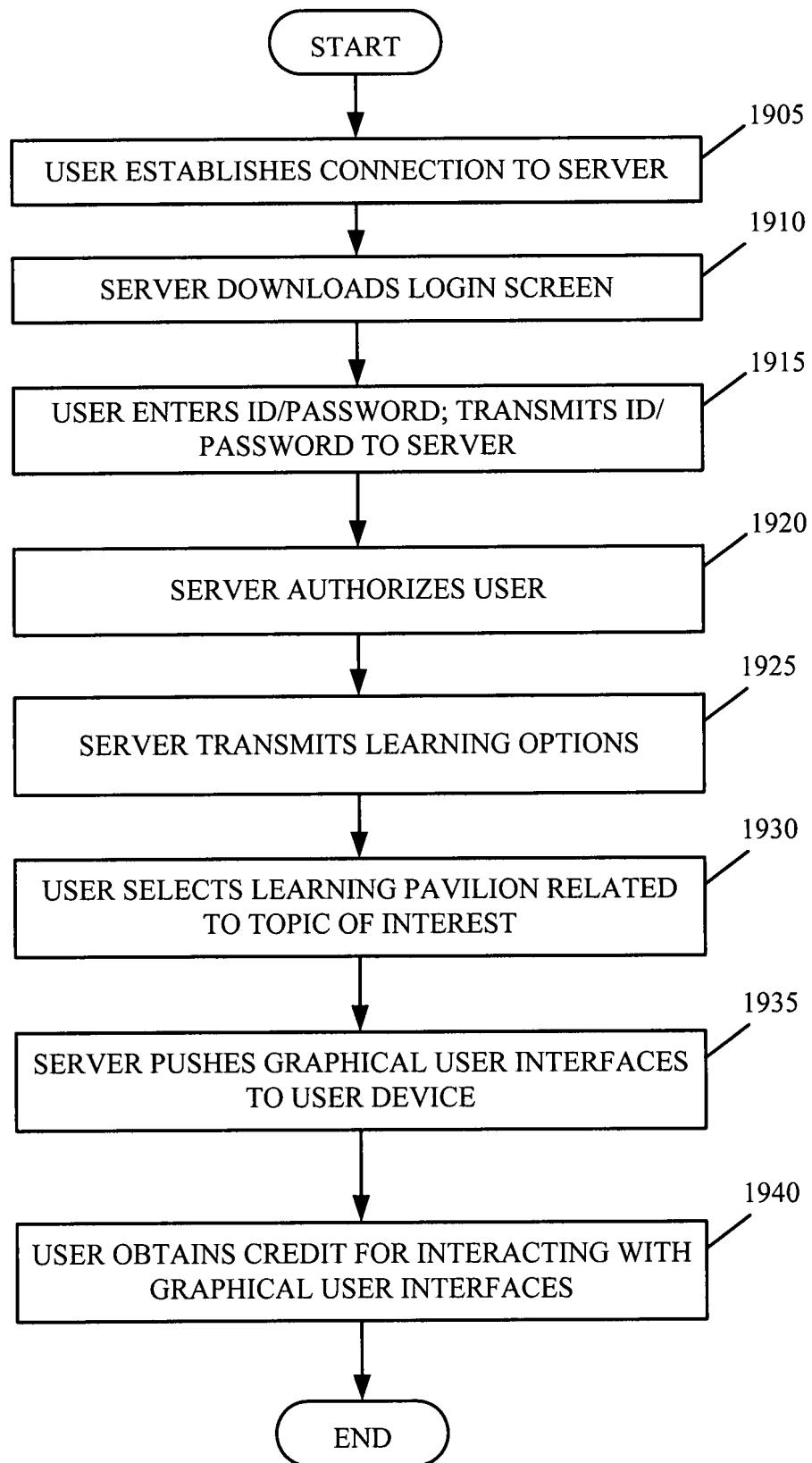
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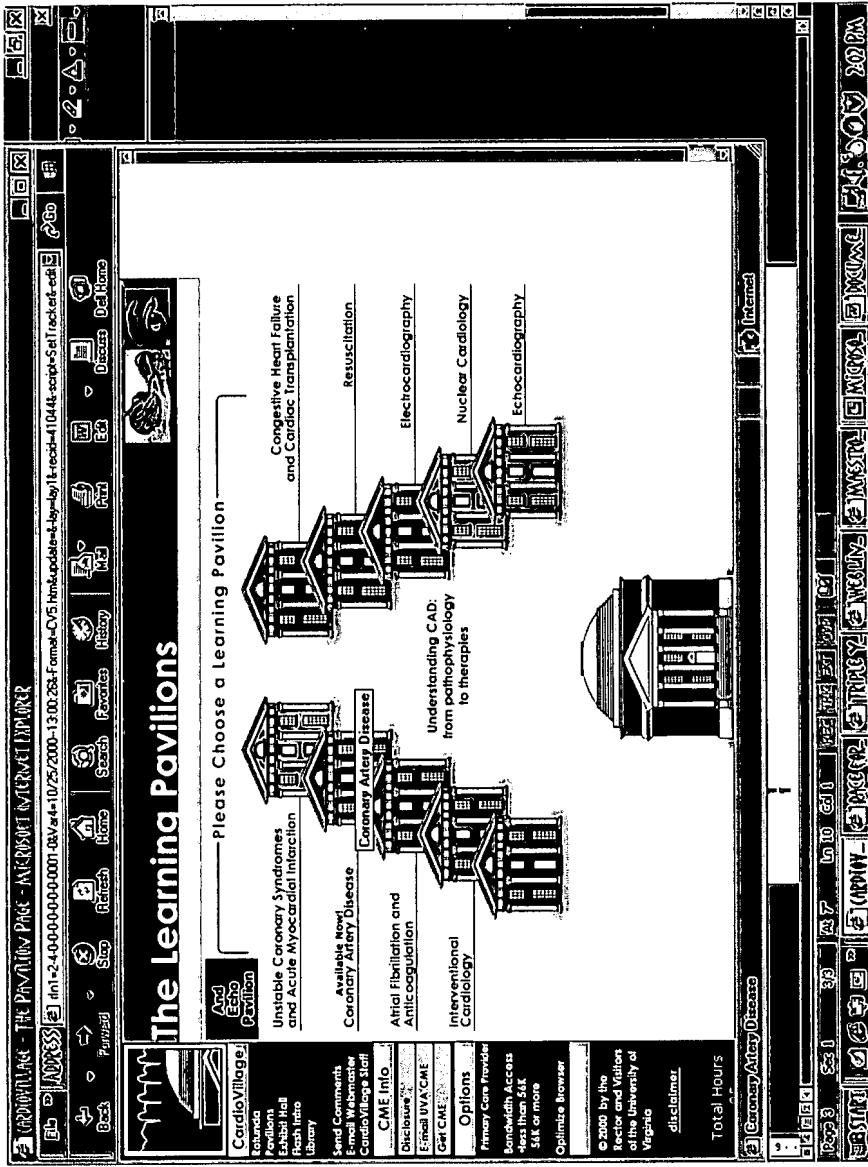
FIG. 18

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**FIG. 19**

**FIG. 20**



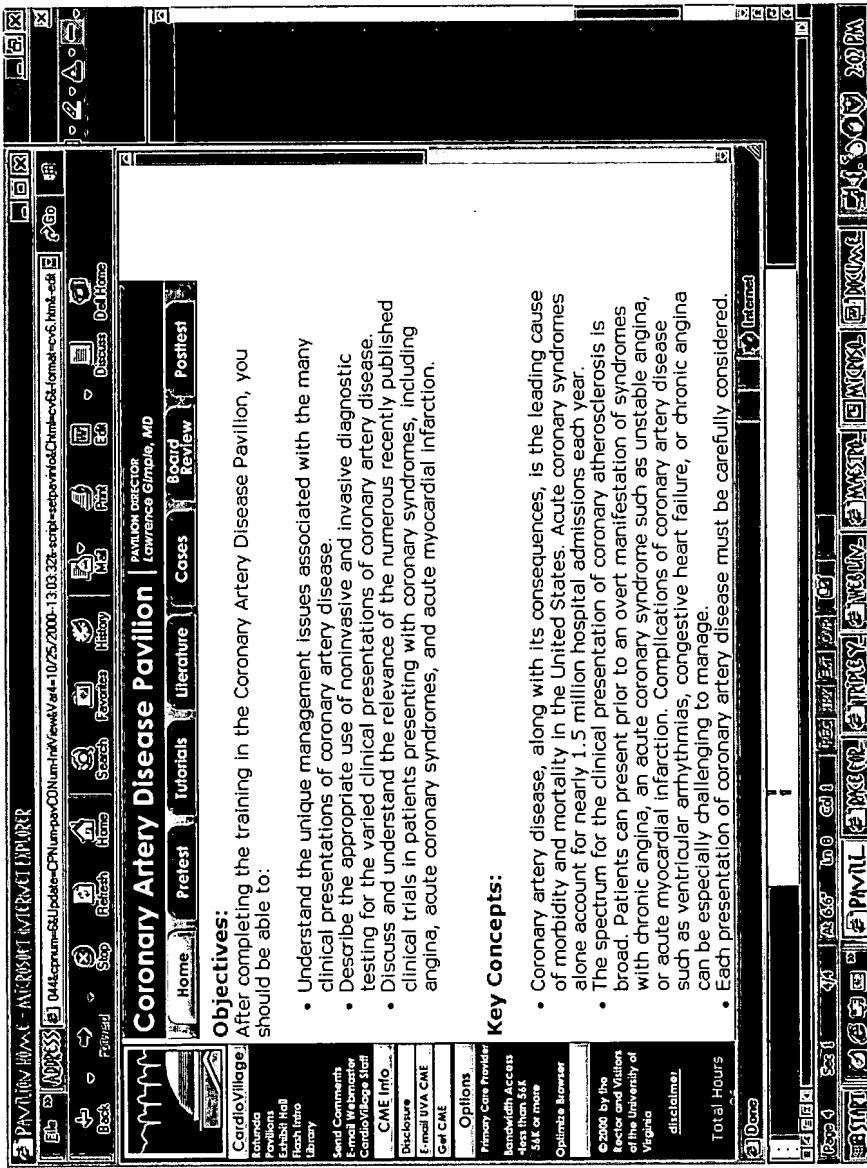
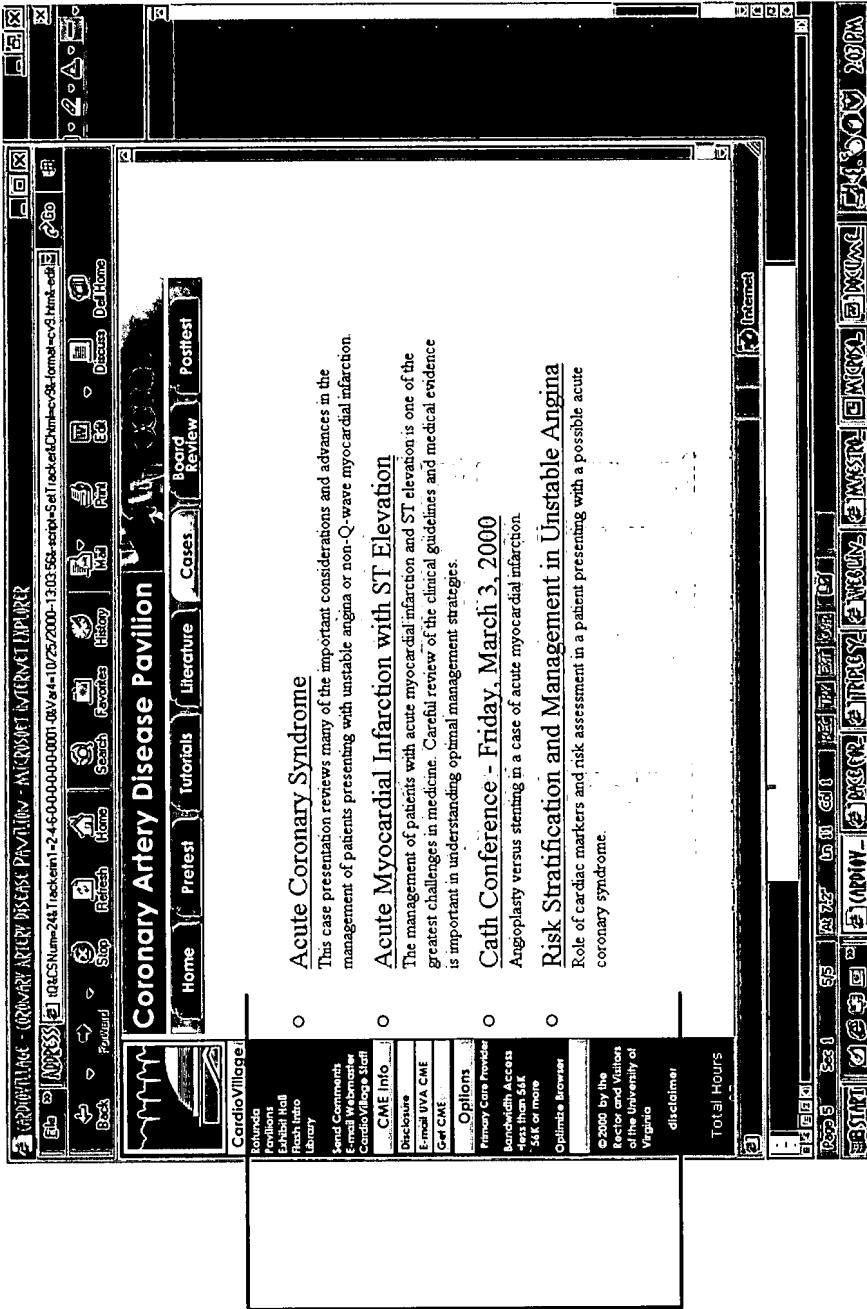


FIG. 21



2210

FIG. 22

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Cardiovascular Syndromes / Acute Coronary Syndromes / Acute Coronary Syndromes / Acute Coronary Syndromes

## Coronary Artery Disease Pavilion

Case Presentation

Elaine Johnson is a 55 year old woman who presents with a new complaint of central chest heaviness and pressure associated with exertion. It often occurs when she "pushes." She has had this symptom on 5 occasions over the past 2 weeks. She has no past cardiac history. The past medical history is notable for hypertension and hyperlipidemia. She takes no medications. She works as a librarian and the family history is unremarkable. While in your office, she develops an episode of chest discomfort at rest and you perform an electrocardiogram.

**Continue**

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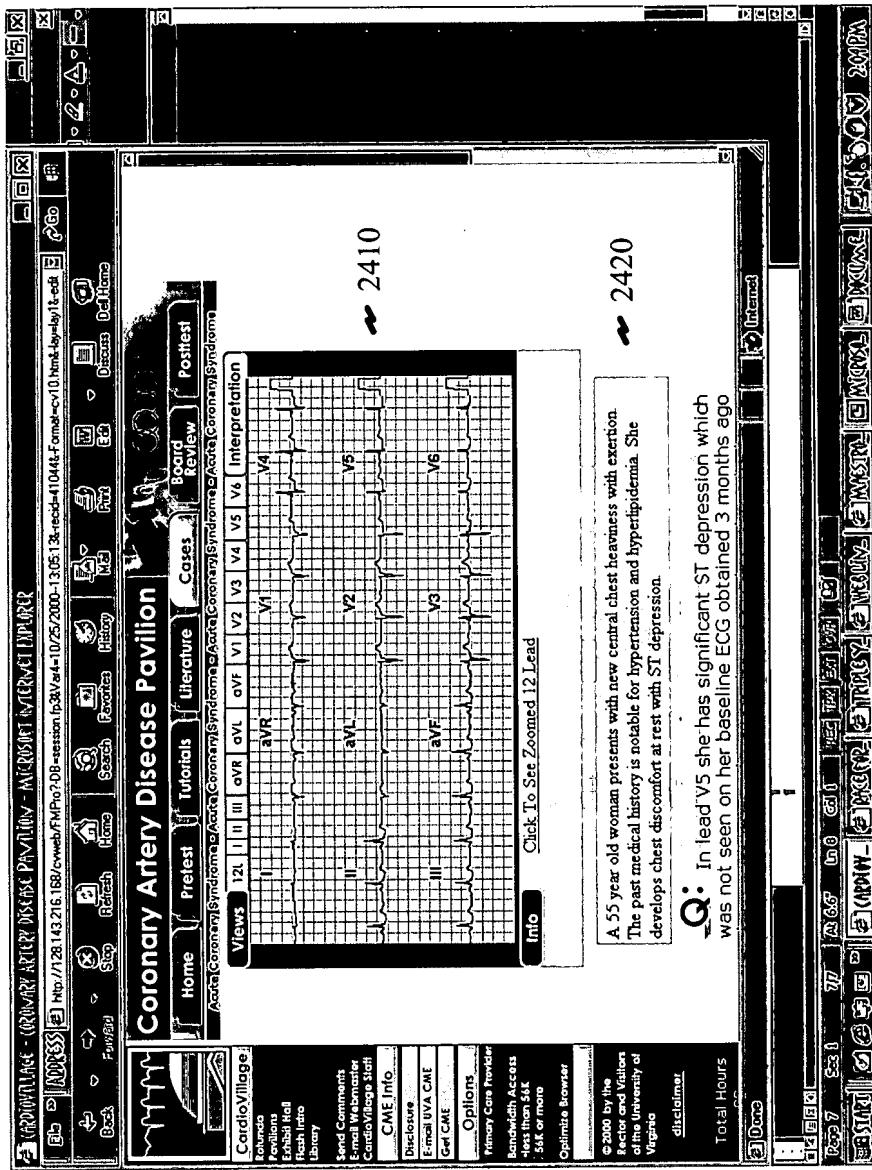
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FIG. 23

**FIG. 24A**



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A 55 year old woman presents with new central chest heaviness with exertion. The past medical history is notable for hypertension and hyperlipidemia. She develops chest discomfort at rest with ST depression.

**Q:** In lead V5 she has significant ST depression which was not seen on her baseline ECG obtained 3 months ago during routine evaluation. The TIMI IIIb trial studied patients such as this with unstable coronary syndromes and ST depression on the ECG. In TIMI IIIb, treatment of such patients with tissue plasminogen activator (TPA) resulted in

**a.** improvement in LV ejection fraction.  2430  
**b.** reduction in mortality only.   
**c.** reduction in mortality and infarct size.   
**d.** worsened outcome due to excess myocardial infarction.

Choose an answer from above to continue or click the button below to skip this question [Previous](#) [Continue](#)

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**FIG. 24B**

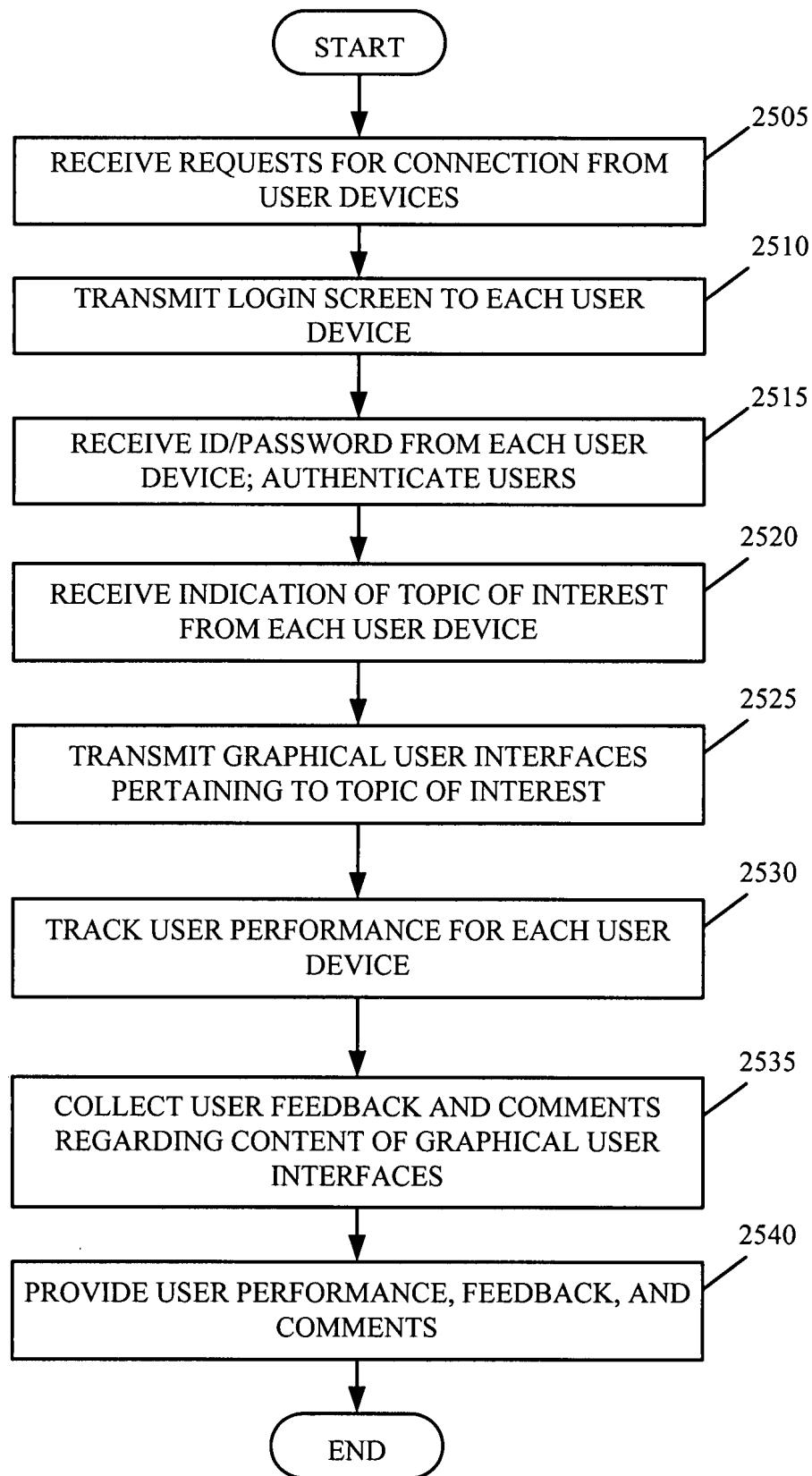


FIG. 25